

U.S. DEPARTMENT OF THE INTERIOR  
Geological Survey

INDIVIDUAL VOLUNTEER SERVICES AGREEMENT

1a. Name of Volunteer ( <i>print or type</i> )	1b. Social Security No.	1c. Date of Birth
1d. Address ( <i>include zip code</i> )	1e. Home Telephone No. ( <i>include area code</i> )	
2a. Person to Notify in an Emergency	2b. Relationship to Volunteer	
2c. Address ( <i>include zip code</i> )	2d. Telephone No. ( <i>include area code</i> )	

3. Agreement by Volunteer: I offer and agree to perform the services described below without compensation to assist the U.S. Geological Survey (USGS), in accord with the following understandings:

- a. I will contribute my services from \_\_\_\_\_ (*date*) to approximately \_\_\_\_\_ (*date*).
- b. This volunteer service will not confer on me the status of a Federal employee; however, while acting within the scope of this Agreement, I am covered under the provisions of the:
  - (1) Federal Tort Claims Act, which protects a Federal employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties, and
  - (2) Federal Employees Compensation Act, which authorizes compensation for work-related injury.
- c. If I am less than 18 years old, my parent or guardian consents to this Agreement by signature below.
- d. I understand the health and physical conditions requirements for performing the services described in item 4 below, and certify that I know of no physical condition or limitation that may adversely affect my ability to perform these services.
- e. Either I or the USGS may terminate this Agreement at any time by notifying the other party in writing.
- f. Because volunteers are not Federal employees, their volunteer service will not be creditable for leave accrual, retirement, or other benefit purposes if they later accept a Federal appointment.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(*If volunteer is under 18.*)

4. Project Description (Attach an additional sheet as necessary):

USGS Project Supervisor \_\_\_\_\_ Title/Position \_\_\_\_\_

Division/Office/Location \_\_\_\_\_ Telephone \_\_\_\_\_

Organizational Code: \_\_\_\_\_

5. Agreement by USGS: Under the authorities of Public Law 99-591, Public Law 100-202, and current Department of the Interior Appropriations Act, the USGS accepts this offer. While this Agreement is in effect:

- a. The volunteer is covered by the provisions of the Federal Tort Claims act and the Federal Employees Compensation Act.
- b. The USGS will provide for such materials and supplies, equipment, support services, and facilities as are needed and are available to accomplish this project, except as may be specified in an attachment, marked \_\_\_\_\_

Signature of USGS Official \_\_\_\_\_ Name (*print or type*) \_\_\_\_\_

Title/Position \_\_\_\_\_ Office/Location \_\_\_\_\_ Date \_\_\_\_\_

6. Time and Attendance: The volunteer must maintain a timesheet to ensure coverage in case of injury and to verify creditable experience for employment purposes.

7. Additional Information:

- a. Volunteer Source (Be specific) \_\_\_\_\_
- b. USGS Retiree                      ☐ Yes              ☐ No                      SAVE              ☐ Yes              ☐ No
- c. Scientist Emeritus              ☐ Yes              ☐ No
- d. Faculty                              ☐ Yes              ☐ No                      School \_\_\_\_\_
- e. Student                              ☐ Yes              ☐ No                      School \_\_\_\_\_

8. Termination of the Agreement:

- a. Total number of hours contributed by volunteer \_\_\_\_\_
- b. This Agreement was terminated on \_\_\_\_\_ (*date*)

Signature of USGS Official \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (5 U.S.C.552a): 5 U.S.C.301 authorizes collection of information requested on this form, and Executive Order 9397 authorizes use of social security numbers to identify individual personnel records. The Personal data will be used when emergency contact is necessary. Furnishing this information, including the social security number, is voluntary, but failure to provide may result in nonacceptance as a volunteer.